

then the vote will start at 12:15. But it is hoped, so we can move this bill along, to repeat, that we can have the time yielded back and start the vote as early as 11:45.

#### FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000—CONFERENCE REPORT

The PRESIDING OFFICER. Under the order, the Chair lays before the Senate a report of the committee of conference on the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes.

The report will be stated.

The legislative clerk read as follows:

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2606), have agreed to recommend and do recommend to their respective Houses this report, signed by a majority of the conferees.

The PRESIDING OFFICER. Under the order, the Senate will proceed to the consideration of the conference report.

(The conference report is printed in the House proceedings of the RECORD of September 27, 1999.)

Mr. REID. Mr. President, with the permission of the Senator from Pennsylvania, I ask a quorum call be initiated and the time run equally against both sides on this conference report.

Mr. SPECTER. Agreed.

Mr. REID. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. Mr. President, I ask unanimous consent the Senator from Oregon be allowed to speak as in morning business but the time would run against the underlying agreement on the foreign operations bill; he be allowed to speak for—5 minutes?

Mr. WYDEN. I appreciate the Senator's courtesy. If I could have 10, that would be appreciated. I know this is an important bill. I do not want to hold it up.

Mr. REID. Mr. President, we need to get agreement.

The Senator is speaking for 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Oregon.

#### SENIOR PRESCRIPTION INSURANCE COVERAGE EQUITY ACT

Mr. WYDEN. Mr. President, I thank the Senator from Nevada who has been a strong champion of the rights of sen-

iors. He and I serve on the Committee on Aging.

I take this opportunity this morning to talk about an extraordinarily important issue for the older people of this country, and that is the need to make sure senior citizens can get prescription drug coverage as part of the Medicare program.

I am especially proud that Senator OLYMPIA SNOWE and I have introduced what is now the only bipartisan prescription drug bill before the Senate, and I am hopeful in the days ahead we can get this legislation before the Senate and ensure that the millions of vulnerable older people in this country get decent prescription drug coverage under Medicare.

I believe it is time to get this issue out of the beltway, get it out of Washington, DC, and get it to the grassroots of America. That is why Senator SNOWE and I have initiated a grassroots campaign to get prescription drug coverage under Medicare.

As folks can see in the example next to me, we are hoping in the next few weeks that senior citizens and their families from across the country will send in copies of their prescription drug bills to their Senators. We think our proposal, the Senior Prescription Insurance Coverage Equity Act, known as SPICE, is the way to proceed because it is bipartisan, it is market oriented, it gives senior citizens choice in the marketplace, and uses marketplace forces to hold down costs for prescription medicine.

We use as a model the Federal Employees Health Benefits Program, which is what Members of Congress and their families have as the delivery system for health care. If it is good enough for Members of the Senate, Senator SNOWE and I believe it is good enough for the older people of our country.

We are hoping that instead of this just being a discussion within the beltway, with the various interest groups on one side or the other lining up, we hope in the days ahead, as a result of senior citizens sending in copies of their prescription drug bills and their families weighing in with their legislators, we can get our bipartisan bill moving.

More than 50 Members of the Senate have already voted for the funding proposal Senator SNOWE and I advocate. We propose there ought to be a tobacco tax to fund this program. We believe that is only right, because in this country, more than \$12 billion goes out of the Medicare program each year to handle tobacco-related illnesses. We believe there is a direct connection between the funding proposal we establish and making sure older people get this benefit. With more than 50 Members of the Senate on record for the budget vote that Senator SNOWE and I offered earlier this year, we ought to be able to build on that vote and actually get this program added to Medicare.

I am especially pleased the approach Senator SNOWE and I have taken is one

that can help lower the cost of prescription drug coverage for older people. A key part of this debate is coverage, but equally as important is the need to hold down the costs of these prescriptions. We are seeing around this country that the big buyers of prescription drugs—the health maintenance organizations and the large purchasers—get a discount and senior citizens are hit with a double whammy. Not only does Medicare not cover their prescriptions, but when a senior citizen walks into a pharmacy and picks up their prescription, say, in Arkansas or Oregon or Maine, they, in effect, are subsidizing the discounts the big buyers are getting as a result of their marketplace power.

Some have proposed a system of price controls, putting Medicare in the position of buying up all the medicine and using that as their idea of holding down costs. Senator SNOWE and I think that will end up generating a lot of cost shifting on to the part of other people who are having difficulty covering their prescription drug bills.

We favor a market-oriented approach along the lines of the Federal employee health plan. We are not talking about a price control regime or a run-from-the-beltway approach to this issue. We are talking about using marketplace forces to hold down the costs of prescription drugs for our older people.

It is especially urgent now. More than 20 percent of the Nation's senior citizens are spending more than \$1,000 a year out of pocket for their prescription medicine. We have older people with incomes of \$15,000, \$16,000 a year spending \$1,000 or \$1,500 each year on their prescription drugs. Very often those seniors are not able to pick up a prescription their doctor phoned in to their neighborhood pharmacy because the senior citizen cannot afford it, and the prescription languishes for weeks at the pharmacy because they cannot pick it up.

That is what I have heard from seniors in my State of Oregon. We have heard from other seniors whose physicians tell them they should be taking three pills a day and they cannot afford that, and they start by taking two, and then they take one. Eventually they get sicker and they need much more expensive care.

In fact, the pharmaceuticals now and the medicines of the future are going to be preventive drugs. They are going to be drugs that help lower blood pressure and help us deal with cholesterol problems. As a result, in the long term, we are going to save significant dollars by preventing expensive institutionalizations and hospital services as a result of adding immediate prescription drug coverage to the Medicare program. Clearly, this benefit needs to be paid for.

The proposal Senator SNOWE and I have offered will generate more than \$70 billion in the next few years to add this benefit to the program. I am very hopeful the Senate will move on a bipartisan basis to tackle this issue.